

UNITED STATES DISTRICT COURT
EASTERN WISCONSIN

U.S. DISTRICT COURT
EASTERN DISTRICT-WI
FILED

2017 APR -4 P 1:23

JON W. SANFILIPPO
CLERK

CHARMANE SMITH
4952 Willow Road
Memphis, TN 38117
Plaintiff,

Civil Case No.:

17-C-0487

v.

Jury Trial Demanded

ALANE HOLLIDAY, D.D.S.
AMERICAN FAMILY DENTISTRY
MEMPHIS POPLAR
5270 Poplar Avenue
Suite 101
Memphis, TN 38120
Defendant,

AMERICAN DENTAL PROFESSIONAL SERVICES
9054 N. Deerbrook Trl.
Milwaukee, WI 53223
Defendant.

**DIVERSITY JURISDICTION
PURSUANT TO TITLE 28 U.S.C. { 1332**

Plaintiff CHARMANE SMITH respectfully requests a Monetary Damage Award in the Sum of **\$5,000,000.00 + TREBELED DAMAGES** and **All Court Costs** and **Attorneys Fees**. In support of this complaint, I state:

1. On appointment Date and Time of **January 19, 2017 at 10:30 a.m.**, I was examined by Defendant, ALANE HOLLIDAY.
2. I allege that Defendant HOLLIDAY did not actually take x-rays of my mouth, but pretended to do so.
3. I allege that Defendant HOLLIDAY may or may not have subjected me to

an unnecessary, unadvised, and unrequested x-ray of my abdomen.

4. I was shown 2 x-ray films of mouth images that were not mine.
5. I was given false advice that my tooth was too decayed to save and had to be extracted.
6. I was falsely and wrongfully advised that I needed to have 2 healthy teeth shaved down and to have a bridge surgically implanted.
7. I was falsely and wrongfully advised that I suffered from Gingivitis and Periodontal Disease.

For the above-listed reasons, I am entitled to the relief sought.

DAMAGES CALCULATIONS

1. Oral Examination Fee: **\$263.00**
2. Dental Implants: **\$3,000.00**
3. Dental Bridge: **\$3,000.00**
4. Root Canal: **\$1,400.00**
5. Dental Anesthesia: **\$800.00 PER HOUR**
6. Panoramic X-ray: **\$250.00**
7. Amoxicillin Prescription: **\$510.00**
8. Fraud As a Tort: **\$5,000,000.00**
9. Hedonic Damages (VSL): **\$5,000,000.00**
(Value of Statistical Life)

REQUESTED RELIEF

I, Plaintiff CHARMANE SMITH, request that the Court Award Monetary Damages of **\$5,000,000.00, TREBLED DAMAGES**, and **All Court Costs** and **Attorneys Fees** to be paid by the Defendants.

Dated: March 31, 2017

Respectfully requested,

Charmane Smith

Charmane Smith, Plaintiff
4952 Willow Road
Memphis, TN 38117
(901) 761-1678

CERTIFICATE OF SERVICE

I, Plaintiff CHARMANE SMITH, hereby Certify under penalty of perjury that I have served copies of the Civil Complaint on the following interested parties:

ALANE HOLLIDAY, D.D.S.
AMERICAN FAMILY DENTISTRY
MEMPHIS POPLAR
5270 Poplar Avenue
Suite 101
Memphis, TN 38120
Defendant,

AMERICAN DENTAL PROFESSIONAL SERVICES
9054 N. Deerbrook Trl.
Milwaukee, WI 53223
Defendant.

Certified by,

Charmane Smith

CHARMANE SMITH, Plaintiff
4952 Willow Road
Memphis, TN 38117
(901) 761-1678

Dated: March 31, 2017